

LIQUOR TAX PAYMENT VOUCHER
North Dakota Office of State Tax Commissioner

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Name:	
City / State:	
Federal ID	
Period Ending: (Year/Month)	
Form Type: (Check One)	
<input type="checkbox"/>	Schedule B - Wholesaler's Monthly Liquor Report
<input type="checkbox"/>	Schedule F - Domestic Winery Liquor Report
<input type="checkbox"/>	Schedule H - Direct Shipper Annual Liquor Report
Payment Amount:	
	(For Office Use Only) Postmark Date: (mm / dd / yyyy)

PLEASE DO NOT WRITE IN THIS SPACE